

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34360

State File No. _____

1055 NOV 10 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 370

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton
c. LENGTH OF STAY (In this place) 5 yrs 8 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Saline
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall
d. STREET ADDRESS (If rural, give location) R.F.D. #4

3. NAME OF DECEASED (Type or Print)
a. (First) Jauvita
b. (Middle) Beatrice
c. (Last) Thomas
4. DATE OF DEATH (Month) (Day) (Year) Oct 31 1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 12, 1888
9. AGE (In years last birthday) 44
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
11. BIRTHPLACE (City and State or Foreign Country) Saline Co. Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John T. Thomas
13b. MOTHER'S MAIDEN NAME Sarah Ann Walker
14. NAME OF HUSBAND OR WIFE Joseph M. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME Hospital Records ADDRESS Fulton, Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute dilatation of heart
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION 4343
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ _____
21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from Mar. 19, 1950, to Oct. 31, 1952, that I last saw the deceased alive on Oct. 31, 1952, and that death occurred at 3:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ralf Starks M.D.
23b. ADDRESS State Hosp. Fulton Mo
23c. DATE SIGNED 10/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 2-1952
24c. NAME OF CEMETERY OR CREMATORY St. Louis
24d. LOCATION (City, town, or county) (State) Marshall Mo.

25. FUNERAL DIRECTOR'S SIGNATURE Maurice James ADDRESS Fulton Mo

DATE REC'D BY LOCAL REG. Nov 8-1952 REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

01432

VS JUN 3 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Licensed Embalmer No. 2855

P. O. Address *Fuller Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.